

comments will become a matter of public record.

Dated: January 4, 2007.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: "Evaluation of the Implementation and Impact of Pay-for-Quality Programs." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on October 24, 2006 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by February 15, 2007.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from AHRQ's Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ, Reports Clearance Officer, (301) 427-1477.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Evaluation of the Implementation and Impact of Pay-for-Quality (P4Q) Programs"

The P4Q Evaluation is a multi-method research project designed to evaluate the implementation and impact of P4Q programs on physicians across three programs operating in *health care* safety net settings. The P4Q programs participating in the evaluation are offering their healthcare providers financial incentives to achieve predefined quality targets. Data collected as part of this evaluation will have direct operational relevance to payers and providers regarding the value and challenges of P4Q programs in safety net settings. The P4Q evaluation is designed to assess whether P4Q programs in such settings improve quality on the measures that are the focus of the programs and also whether the programs lead to unintended consequences. The P4Q evaluation will also seek to identify design and implementation practices that are likely to increase as well as decrease the risks of negative outcomes resulting from the implementation of P4Q programs in safety net settings.

Data collection under the P4Q evaluation will be approved by the Boston University's Medical Campus Institutional Review Board. It will be conducted in accordance with the Health Insurance Protection and Portability Act (HIPAA) Privacy Rule and with the Protection of Human Subjects regulations, 45 CFR part 46. In addition, the identifiable data collected in this study about provider organizations and individuals will only be used for the above-stated purposes and will be protected in accordance with the AHRQ confidentiality statute, section 934(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)).

Methods of Collection

The evaluation will use several methods to examine P4Q programs in safety net settings, including a survey and key informant interviews. Survey data will be obtained from physicians participating in P4Q programs using a confidential mailed questionnaire. The key informant interviews will consist of 35-minute semi-structured interviews with physician organization executives, practice leaders, physicians, and other senior managers in each study setting regarding program design, implementation, and impact. The research project investigators will interview up to six informants at each site.

Estimated Annual Respondent Burden

The table below indicates the total time burden required to obtain all the data required to meet the study's objectives. It does not include time required to analyze the data and prepare it for reporting and publication.

Type of respondent	Number of respondents	Number of responses per respondent	Estimated time per respondent	Estimated total burden (hours)	Estimated annual respondent cost burden
Physicians	216	1	0.25 hours (15 minutes).	54	\$5,322.12 to cover costs of responding to survey.
Practice executives and other senior managers.	24	1	0.58 hours (35 minutes).	14	\$841.35 to cover costs of participating in in-person interviews.
Total	68	\$6,163.47.

Estimated Costs to the Federal Government

The total cost to the government for this activity is estimated to be \$193,941. This funding will be used to support survey administration costs, salary and fringe benefits for the research team relating to the design and administration of the survey and informant interviews, and costs for two

members of the research team to travel to each site for the informant interviews. The project will attempt to minimize burden to physician survey respondents by distributing surveys at medical staff meetings.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information

collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of

information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: January 4, 2007.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Family Violence Prevention and Services/Grants for Battered Women's Shelters and Related Assistance/Grants to Indian Tribal Organizations (Including Alaska Native Villages)

Program Office: Administration on Children, Youth, and Families (ACYF), Family and Youth Services Bureau (FYSB).

Program Announcement Number: HHS-2007-ACF-ACYF-FVPS-0124.

Announcement Title: Family Violence Prevention and Services/Grants for Battered Women's Shelters and Related Assistance/Grants to Indian Tribal Organizations (including Alaska Native Villages).

CFDA Number: 93.671.

Due Date for Applications: February 15, 2007.

Executive Summary: This announcement governs the proposed award of formula grants under the Family Violence Prevention and Services Act (FVPSA) to Indian Tribes (including Alaska Native Villages) and Tribal organizations. The purpose of these grants is to assist Tribes in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

This announcement sets forth the application requirements, the application process, and other administrative and fiscal requirements for grants in Fiscal Year (FY) 2007. Grantees are to be mindful that although the expenditure period for grants is a two-year period, an application is required every year to provide

continuity in the provision of services. (See Section II. Award Information, Expenditure Periods.)

I. Description

Legislative Authority: Title III of the Child Abuse Amendments of 1984 (Public Law (Pub. L.) 98-457, 42 United States Code (U.S.C.) 10401 *et seq.*) is entitled the "Family Violence Prevention and Services Act" (FVPSA). FVPSA was first implemented in FY 1986. The statute was subsequently amended by P.L. 100-294, the "Child Abuse Prevention, Adoptions, and Family Services Act of 1988;" further amended in 1992 by P.L. 102-295; and then amended in 1994 by P.L. 103-322, the "Violent Crime Control and Law Enforcement Act." FVPSA was amended again in 1996 by P.L. 104-235, the "Child Abuse Prevention and Treatment Act" (CAPTA) of 1996; in 2000 by P.L. 106-386, the "Victims of Trafficking and Violence Protection Act," and amended further by P.L. 108-36, the "Keeping Children and Families Safe Act of 2003." FVPSA was most recently amended by P.L. 109-162, the "Violence Against Women Reauthorization Act of 2005" and by P.L. 109-271, which was enacted on August 17, 2006.

FVPSA may be found at 42 U.S.C. 10401 *et seq.*

Background

The purpose of this legislation is to assist States and Tribes or Tribal organizations in supporting the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

During FY 2006, the U.S. Department of Health and Human Services (HHS) made 241 grants to States and Tribes or Tribal organizations. HHS also made 53 family violence prevention grant awards to non-profit State domestic violence coalitions.

In addition, HHS supports the Domestic Violence Resource Center Network (DVRN). DVRN consists of the National Resource Center for Domestic Violence (NRC) and four Special Issue Resource Centers (SIRCs). The four SIRCs are: The Battered Women's Justice Project, the Resource Center on Child Custody and Protection, the Resource Center for the Elimination of Domestic Violence Against Native Women (Sacred Circle), and the Health Resource Center on Domestic Violence. The purpose of NRC and the SIRCs is to provide resource information, training, and technical assistance to Federal,

State, and Indian Tribal agencies; local domestic violence prevention programs; and other professionals who provide services to victims of domestic violence.

In February, 1996, HHS funded the National Domestic Violence Hotline (Hotline) to ensure that every woman and man has access to information and emergency assistance wherever and whenever it is needed. The Hotline is a 24-hour, toll-free service that provides crisis assistance, counseling, and local shelter referrals to women across the country. Hotline counselors also are available for non-English speaking persons and for people who are hearing-impaired. The Hotline number is 1-800-799-SAFE (7233); the TTY number for the hearing impaired is 1-800-787-3224.

General Grant Program Requirements For Tribes or Tribal Organizations

Definitions

Tribes and Tribal organizations should use the following definitions in carrying out their programs. The definitions are found in section 320 of FVPSA.

Family Violence: Any act, or threatened act, of violence, including any forceful detention of an individual, which: (a) Results or threatens to result in physical injury; and (b) is committed by a person against another individual (including an elderly person) to whom such person is, or was, related by blood or marriage, or otherwise legally related, or with whom such person is, or was, lawfully residing.

Indian Tribe and Tribal organization: Have the same meanings given such terms in section 450b of Title 25.

Shelter: The provision of temporary refuge and related assistance in compliance with applicable State law and regulation governing the provision, on a regular basis, of shelter, safe homes, meals, and related assistance to victims of family violence and their dependents.

Related assistance: The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence. Related assistance includes:

(a) Prevention services such as outreach and prevention services for victims and their children, assistance to children who witness domestic violence, employment training,